

Comulative

Interim Voucher

C.J.

AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

R SERVICES

1. CLAIMANT/DEF. CODE 11A1	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER TPA 2103-286-AF	
3. MAG DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER *8:03-000077-007	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v Al-Arian, et al	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1962-3300.F -- RICO - INTERSTATE COMMERCE			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. The request:

☐ Authorization to obtain the service. Estimated Compensation, \$ _____ OR

☒ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300.)

Signature of Attorney
Bruce G. Howie

Bruce Howie

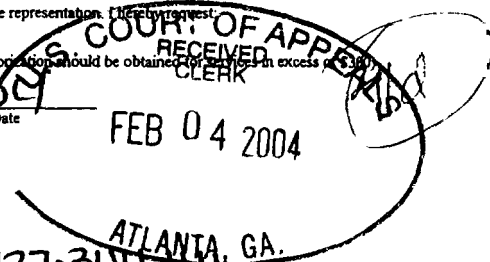
Date
1/9/04

☒ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

BRUCE G. HOWIE
5720 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Telephone Number: **727-344-1111**



13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

Paralegal Services

14. TYPE OF SERVICE PROVIDER

- | | |
|--|---|
| 01 <input type="checkbox"/> Investigator | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 02 <input type="checkbox"/> Interpreter/Translator | 21 <input type="checkbox"/> Jury Consultant |
| 03 <input type="checkbox"/> Psychologist | 22 <input type="checkbox"/> Other (Specify) |
| 04 <input type="checkbox"/> Psychiatrist | 23 <input type="checkbox"/> Duplication Services (See Instructions) |
| 05 <input type="checkbox"/> Polygraph Examiner | 24 <input type="checkbox"/> Other (Specify) |
| 06 <input type="checkbox"/> Documents Examiner | |
| 07 <input type="checkbox"/> Fingerprint Analyst | |
| 08 <input type="checkbox"/> Accountant | |
| 09 <input type="checkbox"/> CALR (Westlaw/Leagle) | |
| 10 <input type="checkbox"/> Chemist/Toxicologist | |
| 11 <input type="checkbox"/> Ballistics Expert | |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert | |
| 13 <input type="checkbox"/> Pathologist/Medical Examiner | |
| 14 <input type="checkbox"/> Other Medical Expert | |
| 15 <input type="checkbox"/> Voice/Audio Analyst | |
| 16 <input type="checkbox"/> Hair/Fiber Expert | |
| 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) | |
| 18 <input type="checkbox"/> Paralegal Services | |

CJA PAYMENT RECORD

15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted

by order (#207) by *JSM*

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization

☐ YES ☐ NO

DATE BY
ENTERED 1-21-4 *Ji*
VERIFIED 2-26-4 *Ji*
VERIFIED 2-26-4 *PL*

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation <i>Comulative</i>	<i>2235.50</i>		
b Travel Expenses (lodging, parking, meals, mileage, etc.)			
c Other Expenses			

GRAND TOTALS (CLAIMED AND ADJUSTED)

2400.50

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

Brooke V. Evington
1743 Audrey Dr.
Clearwater, FL 33759

TIN: *on file*

Telephone Number: **727-723-1749**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM *9/4/03* TO *12/03*

CLAIM STATUS ☐ Final ☒ Interim Payment Number *010* ☐ Supplemental Payment

I hereby certify that the above claims for services rendered are correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services

Signature of Claimant/Payee *Brooke Evington*

Date *1/9/04*

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case

Signature of Attorney *Bruce G. Howie*

Date *1/9/04*

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION 2400.50	20. TRAVEL EXPENSES —	21. OTHER EXPENSES —	22. TOT AMT APPROVED/CERTIFIED 2400.50
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23. ☒ Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained

☐ Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300

Signature of Presiding Judicial Officer *John D. Morley*

Date *23 Jan. 04*

Judge/Mag Judge Code **3A30**

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED 2,400.50
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date *2/14/04*

Judge Code *133*

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